

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17	1					
18		1				
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50						
TOTAL IND.	7					
TOTAL DEP.	51	↔	↔	↔		
TOTAL CLAIMS	54	████	████	████	████	████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						